



DUTCH PROPANE, LLC

Your Energy Source

ACCOUNT NUMBER

CT Contractor Lic. No. SI-303161

P.O. Box 464, Moodus, CT 06469

Phone: 860-873-3876

Toll Free: 888-388-2497

Fax: 860-873-3678

Name: _____ SSN (or Lic.# & DOB): _____

Delivery Address: _____

Billing Address (if different): _____ Zip: _____

Previous Address: _____ HomeTel: _____ Cell #: _____

Email: _____ Invoices _____ Statements Email Address: _____ Central A/C: YES / NO

Location of Fill: _____

Special Instructions: _____

Safety Inspection Schedule: _____ Approximate Consumption: _____

Automatic Delivery: **(YES)** % in Tank: _____ Disconnect Date: _____

Propane used for: _____ Heat _____ Hot Water _____ Fireplace _____ Cooking _____ Dryer _____ Other _____

Service Plan Option: Yes / No Cost: _____ Notes: _____

Name of Landlord: _____ Tel: _____

Address of Landlord: _____

Employer: _____ Years: _____

Address: _____

Occupation: _____ Work Phone: _____

Name & Address of Former Supplier: _____

Cust. Owned Tank Y / N

Tank Type (size): _____ # of Tanks: _____ Tank Rental Fee: _____ Billed: _____ Annual _____ Quarterly

Consumption Rate: _____ A (0 - 75 gals.) _____ B (76 - 249 gals.) _____ C (250 - 700 gals.) _____ D (700 +) _____ E (1500 + gals.)

By signing this Agreement, Customer consents to the evaluation of his/her credit history. Customer agrees to be subject to the terms of this Agreement and that purchase(s) will constitute acceptance of those terms. If Customer's spouse does not also sign this Agreement, Customer represents that he/she is authorized to sign this Agreement on behalf of his/her spouse. DP may also report Customer's credit performance under any agreement entered into with DP. Customer agrees DP may request a consumer credit report in connection with this application and Agreement, and upon request, DP will inform Customer of the name and address of the consumer reporting agency furnishing the credit report. I have read and understand the terms and conditions on the front and back of this contract.

Customer Signature: _____ Date: _____

New Account Replacement Transfer

White - Office Copy

Yellow - Customer Copy